

Office of the Attorney General
Human Resources
Indiana Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
jobs@atg.in.gov
317-232-7979 (fax)



JOB POSTING

Interested candidates should send their resume via regular mail, email (*as a Word document*) or facsimile to the address or phone number shown above. The Office of the Attorney General is an Equal Opportunity Employer.

DATA MINING ANALYST -- MEDICAID FRAUD CONTROL UNIT

Responsibility

The Indiana Medicaid Fraud Control Unit Data Mining Analyst shall be primarily responsible for analyzing Medicaid claims data and other information sources to identify patterns of provider fraud, patient abuse, and drug diversion within the Medicaid program. The Data Mining Analyst reports directly to a MFCU Supervisor. The successful candidate will work out of the main MFCU office in Indianapolis.

The Data Mining Analyst focuses primarily on writing and using fraud algorithms and various fraud detection software packages to search and identify crimes and civil violations within the Medicaid program, within the jurisdiction of the MFCU. They will work closely with FSSA personnel to avoid duplication of FSSA's fraud detection efforts, insure access to the Medicaid claims data, and correct application of program regulations. They will coordinate MFCU data mining projects with supporting members of the MFCU data mining team. The Data Mining Analyst is responsible for obtaining all practitioner prescribing data information from the INSPECT program to support the investigation of drug-diverting providers. To the extent necessary, the analyst will convert that information into usable formats for investigations and prosecutions. The Data Mining Analyst will support investigations of provider fraud, prescriptions drug diversion in "pill mill" cases, and drug diversion cases in healthcare facilities. The preferred candidate shall be proficient in the use of Microsoft Word, Excel and Access. He/she should also be able to prepare graphs and charts as necessary to supplement investigations and prosecutions. The preferred candidate will have experience working with Medicaid claims data and will have knowledge of the laws, rules and regulations of the Indiana Medicaid program. The drug diversion analyst works as part of a team and will stay current with fraud trends, claims data access within the program, and analytical procedures.

Duties

- Identify provider fraud, patient abuse and drug diversion patterns that are well suited to data mining techniques;
- Write or obtain data mining algorithms or utilize fraud detection software to search Medicaid claims data and other information sources to identify likely criminal or civil investigative targets
- Obtain practitioner prescribing data from the INSEPCT program;
- Work with FSSA (and their contractors) and INSPECT personnel to ensure accuracy of data and appropriate application of program regulations;
- Review INSPECT data to detect patterns of the illegal prescribing of controlled substances;
- Share analytical findings with investigators, legal experts, deputy attorneys general and prosecutors;

- Assist investigators with the preparation of diversion case data for each phase of a diversion investigation;
- Prepare data packets for expert review;
- Perform death match cross-reference checks with the Indiana Department of Health;
- Analyze death data reports;
- Assist investigators and DAGs with subpoenas for information;
- Draft correspondence to experts detailing what type of expert review is required in individual cases;
- Prepare written reports of data mining analysis to support the investigation and prosecution of Medicaid fraud, patient abuse, or drug diversion;
- Assist the deputy attorney general or state or federal prosecutor in preparing cases for court;
- Testify in criminal and administrative proceedings, if necessary;
- Complete any required component of specialized training of Medicaid fraud and Medicaid claims data access or analysis;
- Participate in training and perform other work as required;
- Correlate various data sources, including Medicaid Claims Data, health care licensing, corporate ownership information, asset searches, and INSPECT data into viewable formats;
- Conduct case related research involving medical diagnoses and diseases and related procedures including medical publications;
- Access Web site information for ICD-9, CPT and HCPCS information;
- Attend NAMFCU basic training, and other specialized training as approved by the Supervisor;
- Assist with on-site and off-site audits of Medicaid providers;
- Maintain internal control documents including Time Matters entries time tracking and travel reports;
- Travel as the assignment of duties may necessitate, usually for the following purposes when necessary;
- Travel to assist in serving search warrants and seizing evidence at times beyond normal duty hours;
- Travel directly from home to the office of a healthcare provider under investigation;
- Travel to a Medicaid Fraud Control Unit office other than the assigned duty station, or to other locations as required by an investigation;

- Travel from home to prosecutors' offices or state and federal courts to provide testimony at hearings and trials;
- Travel from home to various locations in emergency situations.

To perform the job successfully the individual should demonstrate the following competencies:

- *Medical* – Some knowledge about medical conditions and treatments.
- *Analytical* - Synthesizes complex or diverse information.
 - Collects and researches various data sources, including Medicaid claim and INSPECT information.
- *Problem Solving* - Gathers and analyzes information skillfully.
- *Technical Skills* - Pursues training and development opportunities and strives to continuously build knowledge and skills.
- *Interpersonal* - Maintains confidentiality.
- *Oral Communication* - Speaks clearly and persuasively in positive or negative situations.
 - Listens and gets clarifications.
 - Responds well to questions.
 - *Written communication* - Writes clearly and informatively.
 - Able to read and interpret written information.
 - *Quality Management* - Looks for ways to improve and promote quality.
 - Demonstrates accuracy and thoroughness.
 - Proven case management skills.
 - Applies feedback to improve performance.
 - Monitors own work to ensure quality.
 - Must be organized and highly motivated.
- *Ethics* - Treats people with respect and follows through on commitments.
 - Inspires the trust of others and works ethically and with integrity.
 - Upholds organizational values.
 - *Dependability* - Follows instructions.
 - Responds to management direction.
 - Takes responsibility for own actions.
 - Commits to long hours of work when necessary to reach goals.

- Completes tasks on time or notifies appropriate person with an alternate plan.
- *Professionalism* - Approaches others in a tactful manner.
- Reacts well under pressure and treats others with consideration regardless of their status or position.

Required Job Skills and Knowledge

- Bachelor's degree in a related discipline.
- Proficiency in Microsoft Word, Excel and Access; knowledge of other databases desired.
- Familiarity with or experience in the operation of the Indiana Medicaid Program
- Working knowledge of law enforcement investigative procedures and working knowledge of state and federal laws and court proceedings.

Work Environment

- Ability to work inside and outside of an office atmosphere.
- Ability to drive an automobile to locations inside and outside the state of Indiana for work and training purposes; may be assigned to investigations statewide.
- Schedule varies depending upon the type of investigation.

Essential Functions

- Valid Indiana driver's license.
- Review and analyze documents containing writings in the English language.
- Accurately compile and calculate numeric information.